

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002419

1. Entity Name
APALACHEE BAY COMMUNITY SAILING, INC.



Principal Place of Business
3272 RUE DE LAFITTE
TALLAHASSEE, FL 32312

Mailing Address
3272 RUE DE LAFITTE
TALLAHASSEE, FL 32312

FILED

04 APR 30 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
06-0675956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNDLI, PHILLIP A
3272 RUE DE LAFITTE
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

KH

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WERNDLI, PHILLIP A
STREET ADDRESS	3272 RUE DE LAFITTE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	SELLERS, ROBERT
STREET ADDRESS	8906 WINGED FOOT DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	AUGUSTINE, STEVE
STREET ADDRESS	1410 WEKEWA NENE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	HARRELL, JOHN
STREET ADDRESS	238 HARBOUR POINT DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	WILHELM, BILL
STREET ADDRESS	748 ELEAZER PL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700035847897
05/11/04--01011--009 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip Werndli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

4/30/04

Date

850

2433098

Daytime Phone #